



Division of
**Health Care
Finance & Administration**

Health Care
Innovation Initiative

Executive Summary

Breast Biopsy (BCBX) Episode

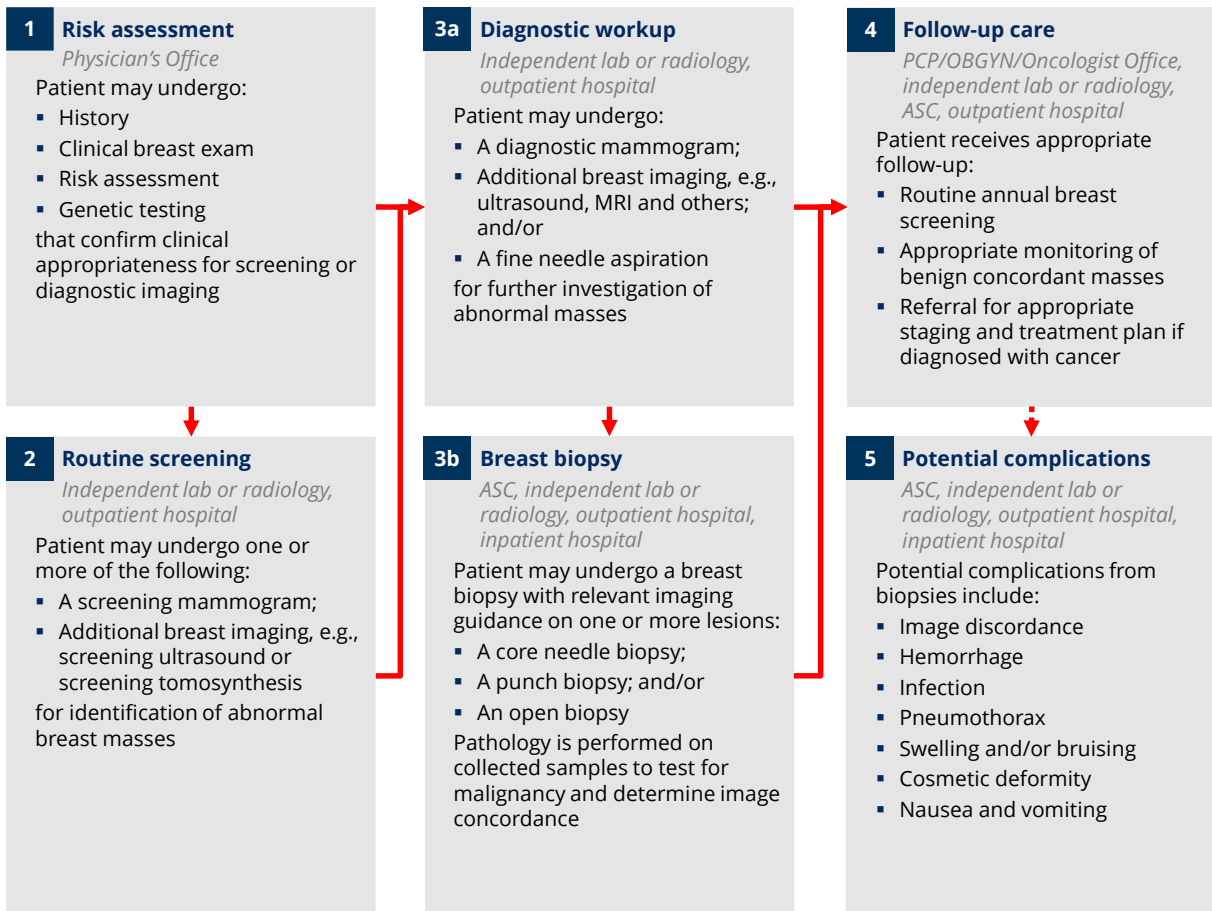
OVERVIEW OF A BREAST BIOPSY EPISODE

The breast biopsy episode revolves around patients who receive a breast biopsy. The trigger event is an inpatient admission or observation stay, outpatient, or office visit with a breast biopsy procedure. All related care – such as anesthesia, imaging and testing, evaluation and management, and medications – is included in the episode. The quarterback, also called the principal accountable provider or PAP, is the clinician or group performing the breast biopsy. The breast biopsy episode begins 90 days before the triggering procedure and ends 30 days after discharge.

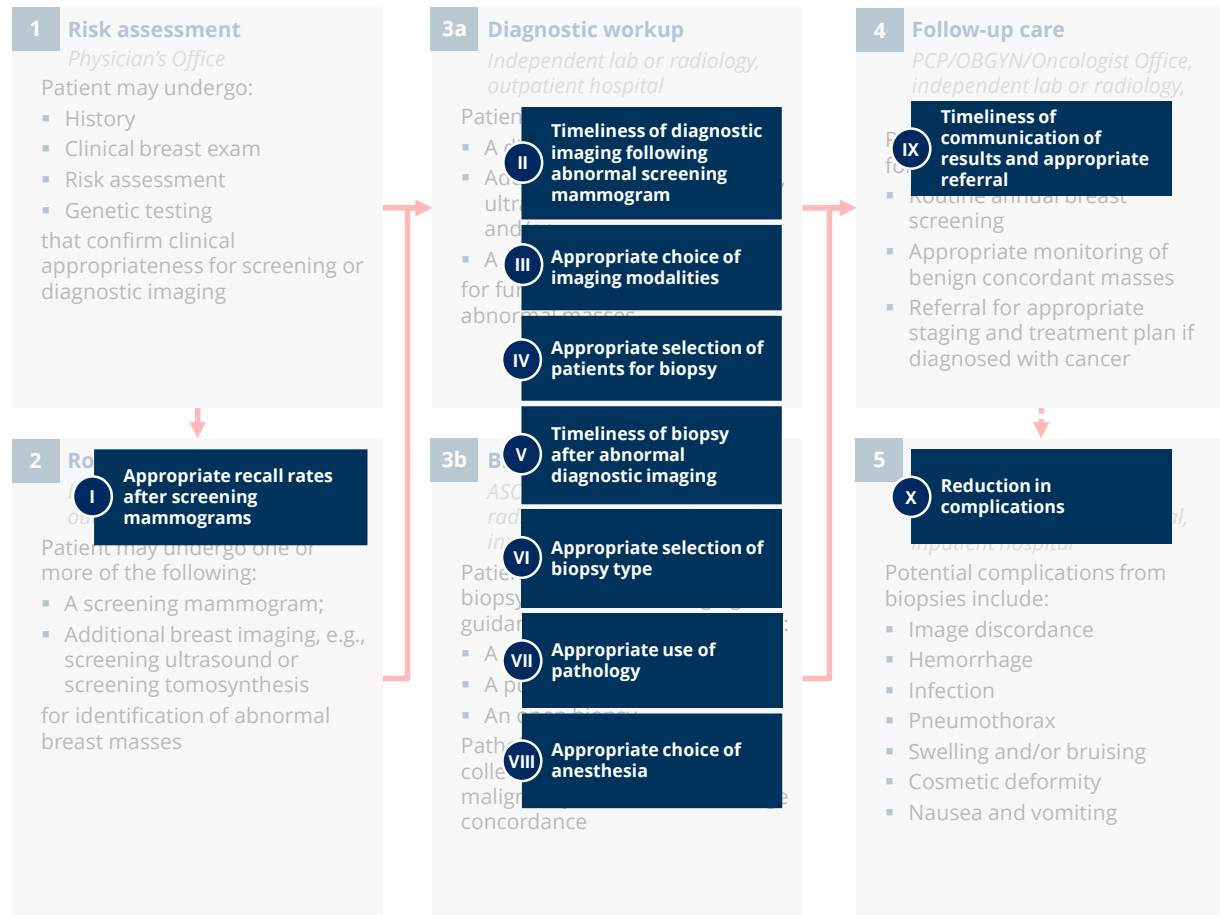
CAPTURING SOURCES OF VALUE

Providers have multiple opportunities during a breast biopsy episode to improve the quality and cost of care. Example sources of value include appropriate choice of type of biopsy and use of anesthesia. In addition, providers can ensure quality of care by influencing the timeliness of the breast biopsy following diagnostic workup. Based on the patient's clinical status and diagnosis, providers can also deliver more efficient and timely care by accelerating the start of the staging and cancer treatment process. Overall, the provider can bring about an improvement in the coordination of breast cancer diagnostic care and reduction in repeat biopsy procedures and complications.

Illustrative Patient Journey



Potential Sources of Value



ASSIGNING ACCOUNTABILITY

The quarterback of the episode is the specific health care provider deemed to have the greatest accountability for the quality and cost of care for the patient. To state it differently, the quarterback is the provider who has the greatest ability to influence all of the health care delivered in a given episode. For the breast biopsy episode, the quarterback is the clinician or group performing the breast biopsy. The contracting entity or tax identification number of the clinician or group performing the breast biopsy will be used to identify the quarterback.

MAKING FAIR COMPARISONS

The episode model is designed to be fair to providers and incentivize best practices without penalizing providers who care for sicker patients. As such, important aspects of the model are:

- Inclusion of only the cost of services and medications that are related to the breast biopsy in calculation of episode spend.
- Exclusion of episodes when clinical circumstances create the likelihood that the case will deviate substantially from the typical care path or when claims data is likely to be incomplete.
- Risk adjusting episode spend to account for the cost of more complicated patients.

The pre-trigger window of the breast biopsy episode includes specific evaluation and management visits to the quarterback, and specific imaging and testing. During the trigger window, all services and specific medications are included. The post-trigger window includes specific care after discharge, specific anesthesia, specific evaluation and management visits, specific imaging and testing, specific medications, specific pathology, and specific surgical and medical procedures. Certain procedures related to breast cancer treatment are excluded from the post-trigger window.

Some exclusions apply to any type of episode, i.e., are not specific to a breast biopsy episode. For example, an episode would be excluded if more than one payer was involved in a single episode of care, if the patient was not continuously insured by the payer during the duration of the episode, or if the patient had a discharge status of 'left against medical advice'. Other examples of exclusion criteria specific to the breast biopsy episode include a patient who receives breast cancer treatment during the post-trigger window or who has end-stage renal disease. These patients have significantly different clinical courses that the episode does not attempt to risk adjust. Furthermore, there may be some factors with a low prevalence or significance that would make accurate risk adjustment difficult and may be used to exclude patients completely instead of adjusting their costs.

For the purposes of determining a quarterback's cost of each episode of care, the actual reimbursement for the episode will be adjusted to reflect risk factors captured in recent claims data in order to be fair to providers caring for more complicated patients. Examples of patient factors likely to lead to the risk adjustment of breast biopsy episodes include family history of breast cancer, family history of ovarian cancer, or tobacco-use disorder. Over time, a payer may adjust risk factors based on new data.

MEASURING QUALITY

The episode reimbursement model is designed to reward providers who deliver cost effective care AND who meet certain quality thresholds. A quarterback must meet or exceed all established benchmarks for any quality metric tied to gain sharing in order to be eligible to receive monetary rewards from the episode model. Other quality metrics may be tracked and reported for quality improvement purposes but may not be tied directly to gain sharing.

The quality metric linked to gain sharing for the breast biopsy episode is:

- **Appropriate diagnostic workup rate:** Percentage of valid episodes with diagnostic imaging during the pre-trigger window (higher rate indicative of better performance).
- **Core needle biopsy rate:** Percentage of valid episodes triggered on core needle biopsies (higher rate indicative of better performance).

The quality metrics that will be tracked and reported to providers but that are not tied to gain sharing are:

- **Surgical complication rate:** Percentage of valid episodes with a surgical complication in either the trigger window or post-trigger window (lower rate indicative of better performance)
- **Subsequent biopsy/excision rate:** Percentage of valid episodes with a subsequent breast biopsy or excision within the post-trigger window (lower rate indicative of better performance)

- **Appropriate genetic testing rate:** Percentage of valid episodes with genetic testing where the patient has documented family history of breast or ovarian cancer (higher rate indicative of better performance)

It is important to note that quality metrics are calculated by each payer on a per quarterback basis across all of a quarterback's episodes covered by that payer. Failure to meet all quality benchmarks tied to gain sharing will render a quarterback ineligible for gain sharing with that payer for the performance period under review.